

COPY 711  
SIDE ONE

and

STATE CORPORATION COMMISSION OF KANSAS  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM  
ACO-1 WELL HISTORY  
DESCRIPTION OF WELL AND LEASE

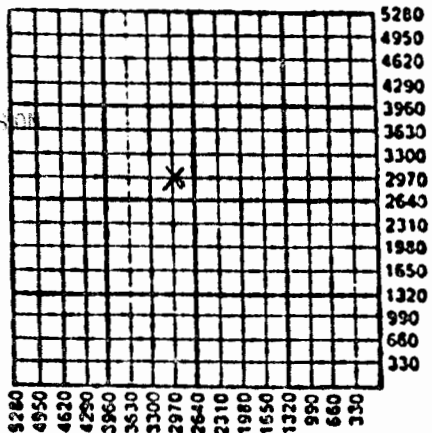
Operator: License # 5184  
Name: Shields Oil Producers, Inc.  
Address Shields Bldg.  
City/State/Zip Russell, Kansas 67665  
Purchaser: Koch  
Operator Contact Person: M. L. Ratts  
Phone (913) 483-3141  
Contractor: Name: Shields Drlg., Co., Inc.  
License: 5655  
Wellsite Geologist: Randall Kilian  
Designate Type of Completion  
 New Well  Re-Entry  Workover  
 Oil  SVD  Temp. Abd.  
 Gas  Inj  Delayed Comp.  
 Dry  Other (Core, Water Supply, etc.)  
OWMO: old well info as follows:  
Operator: \_\_\_\_\_  
Well Names: \_\_\_\_\_  
Comp. Date \_\_\_\_\_ Old Total Depth \_\_\_\_\_  
Drilling Method:  
 Mud Rotary  Air Rotary  Cable  
3-1-91 3-9-91 4-2-91  
Spud Date Date Reached TD Completion Date

API NO. 15- 051-24,731  
County Ellis  
SE SE NW Sec. 20 Twp. 11 Rge. 19  East West  
2970 Ft. North from Southeast Corner of Section  
2970 Ft. West from Southeast Corner of Section  
(NOTE: Locate well in section plat below.)  
Lease Name Hagen "B" Well # 4  
Field Name Zerfas NE  
Producing Formation Arbuckle  
Elevation: Ground 1961 KB 1966  
Total Depth 3528 PBTD None

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STATE CORPORATION COMMISSION OF

APR 17 1991

CONSERVATION DIVISION  
Wichita, Kansas



Amount of Surface Pipe Set and Cemented at 213 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set 1336 Feet  
If Alternate II completion, cement circulated from 1336  
feet depth to Surface w/ 275 sx cmt.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form. See rule 82-3-107 for confidentiality in excess of 12 months. One copy of all wireline logs and drillers time log shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature M. L. Ratts  
Title Production Supt Date 4-16-91  
Subscribed and sworn to before me this 16 day of April, 1991.  
Notary Public Ruth Phillips  
Date Commission Expires \_\_\_\_\_

STATE CORPORATION COMMISSION OF KANSAS  
RUTH PHILLIPS  
State of Kansas  
My Appt. Exp. 5-26-91

K.C.C. OFFICE USE ONLY  
F  Letter of Confidentiality Attached  
C  Wireline Log Received  
C  Drillers Timelog Received  
Distribution  
 KCC  SVD/Rep  NGPA  
 KGS  Plug  Other (Specify) FIS

SIDE TWO

Operator Name Shields Oil Producers, Inc. Lease Name Hagen "B" Well # 4  
 East County Ellis  
 Sec. 20 Twp. 11 Rge. 19  West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken  Yes  No  
 (Attach Additional Sheets.)  
 Samples Sent to Geological Survey  Yes  No  
 Cores Taken  Yes  No  
 Electric Log Run  Yes  No  
 (Submit Copy.)  
 See Attachment

Formation Description

Log  Sample

Name	Top	Bottom
Anhydrite	1313	1353
Topeka Lm	2953	3173
Heebner Sh	3173	3177
L-KC Lm	3213	3433
Arbuckle Dol	3521	R.T.D.

CASING RECORD  New  Used  
 Report all strings set-conductor, surface, intermediate, production, etc.

Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs./ft.	Setting Depth	Type of Cement	# Sacks Used	Type and P. Additives
Surface	12 1/4	8 5/8	20	213	Quickset	180	
Production	7 7/8	5 1/2	15	3524	Common	150	
		Stage Tool		1336	60-40 Poz	275	

Shots Per Foot	PERFORATION RECORD Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	Open hole	1500 gal - 15%	3528

TUBING RECORD Size 2 1/2 Set At 3524 Packer At None Liner Run  Yes  No

Date of First Production 4-15-91 Producing Method  Flowing  Pumping  Gas Lift  Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	15	None	5		23

Disposition of Gas:  Vented  Sold  Used on Lease (if vented, submit ACO-18.)

METHOD OF COMPLETION  Open Hole  Perforation  Dually Completed  Commingled  Other (Specify) \_\_\_\_\_

Production Interval 3524-3528

# Shields

# COPY

20-11-19W

OIL PRODUCERS, INC.

R. L. SHIELDS, President



## Russell, Kansas

### FORM ACO-1 DRILL STEM TESTS

SHIELDS OIL PRODUCERS, INC. LEASE Hagen "B" #4

D.S.T. #1 3232-3255 Times: 30-30-45-60

I.H.P. 1768 I.F.P. 32-40 I.S.I.P. 496

F.F.P. 57-93 F.S.I.P. 496 F.H.P. 1749

Recovery: 240' Gas, 120' HO&GCM and 60' Mdy Gsy Oil

D.S.T. #2 3270-3298 Times: 20-30-45-60

I.H.P. 1793 I.F.P. 48-81 I.S.I.P. 423

F.F.P. 105-138 F.S.I.P. 439 F.H.P. 1777

Recovery: 20' Oil and 250' Mdy Wtr.

D.S.T. #3 3517-3528 Times: 30-45-45-60

I.H.P. \_\_\_\_\_ I.F.P. 32-73 I.S.I.P. 399

F.F.P. 89-130 F.S.I.P. 374 F.H.P. \_\_\_\_\_

Recovery: 120' Mdy Oil, 60' HOCM and 120' OC Wty M

D.S.T. #4 \_\_\_\_\_ Times: \_\_\_\_\_

I.H.P. \_\_\_\_\_ I.F.P. \_\_\_\_\_ I.S.I.P. \_\_\_\_\_

F.F.P. \_\_\_\_\_ F.S.I.P. \_\_\_\_\_ F.H.P. \_\_\_\_\_

Recovery:

D.S.T. #5 \_\_\_\_\_ Times: \_\_\_\_\_

I.H.P. \_\_\_\_\_ I.F.P. \_\_\_\_\_ I.S.I.P. \_\_\_\_\_

F.F.P. \_\_\_\_\_ F.S.I.P. \_\_\_\_\_ F.H.P. \_\_\_\_\_

Recovery:

D.S.T. #6 \_\_\_\_\_ Times: \_\_\_\_\_

I.H.P. \_\_\_\_\_ I.F.P. \_\_\_\_\_ I.S.I.P. \_\_\_\_\_

F.F.P. \_\_\_\_\_ F.S.I.P. \_\_\_\_\_ F.H.P. \_\_\_\_\_

Recovery:

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STATE OIL & GAS COMMISSION

APR 17 1991

326 MAIN

BOX 709 • RUSSELL, KANSAS 67665 • PHONE (913) 483-3141